

# Work Order ID 144543

April 20, 2016 11:18:47 AM

**\*144543\***

Page 1

Item ID: D2580-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: 205 Bent Tube  
 Start Date: 4/20/2016 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 4/29/2016 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: SLA Date: 20160420 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D2580                          | G                        |                      |         |        |              |               |               |                  |                |

100

0.00

**\*100\***

Skidtubes

Skidtubes

## Memo

1.48

1- Inspect mat'l D2500-1-190 for damage.

2-Drill pilot holes using drill jig DT 8149 A-BC-D

3-Open holes to 0.508" as per Dwg D2580

4-Deburr holes per QSI002 section 4.2.3 and blow out all chips from inside of tube

5- Test fit inspection saddles on FWD & AFT saddle holes using DT9916.

101

QC6- Inspect dimensions to drawing

0.00

**\*101\***

QC

Quality Control

## Memo

0.00

(4)

16-4-21

DAS  
18  
9-09

4 0 16-04-25

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Date : _____                                                 |                                             | Step #: _____                                                                                                                                                                      |                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                                  |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                       | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                        |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |

**Work Order ID 144543**

April 20, 2016 11:18:47 AM

**\*144543\***

Page 2

Item ID: D2580-1

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: 205 Bent Tube

Start Date: 4/20/2016 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 4/29/2016 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

110

Chemical Conversion Coat per QSI005 4.1

0.00

**\*110\***

HandFinish

Memo

1.04

Hand Finishing

 16-4-22

120

QC7-Inspect Chemical Conversion Coat

0.00

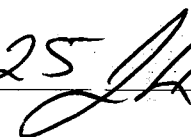
**\*120\***

QC

Memo

0.04

Quality Control

16-4-25 

125

0.00

**\*125\***

Skidtubes

Memo

0.96

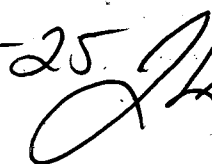
Skidtubes

1- Bond web in place per QSI 015.

A/R Sikaflex-291 batch: 134487

Sikaflex expire date: 16-12-8

Start time and date: 8/10 bond for 12hrs

 16-4-2516-4-25 

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |

# Work Order ID 144543

April 20, 2016 11:18:47 AM

**\*144543\***

Page 3

Item ID: D2580-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: 205 Bent Tube  
 Start Date: 4/20/2016 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 4/29/2016 Req'd Qty: 4.00 **\*4\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                          | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | QC5- Inspect part completeness to step on W/O     | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                                   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                              | 0.08                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                   |                      |         |        |              |               |               |                  |                |
| 140                            | Identify as per dwg & Stock Location <u>L6002</u> | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                   |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                              | 0.04                 |         |        |              |               |               |                  |                |
| Packaging                      | LOCATION : LG002                                  |                      |         |        |              |               |               |                  |                |
| 150                            | QC21- Final Inspection - Work Order Release       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*150*</b>                   |                                                   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                              | 0.40                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                   |                      |         |        |              |               |               |                  |                |

DAS  
03  
9-29

④ 16-4-26

16-4-25

mcj APR 26 2016

Sh

20160426

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |

# Picklist Print

April 20, 2016 11:18:51 AM

Page 1

Work Order ID: 144543

**\*144543\***

Parent Item: D2580-1

**\*D2580-1\***

Parent Item Name: 205 Bent Tube

Start Date: 4/20/2016

Required Date: 4/29/2016

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP B01.11.08 Revised Step 9, 10, 12, and 13 SM IPP Rev:C  
10.12.01 as per DEO D1 DD verf:ec

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

D2500-1-190

Manufactured

No

100

Each

81.0000

1

4

**\*D2500-1-190\***

Ext'n -1' Beam Tube 4"

\*\*

16-4-21

Location

Loc Qty

Loc Code

LG002

81

140538

81

D2596

Manufactured

No

100

Each

4.0000

1

4

**\*D2596\***

Web, 205 Skidtube

\*\*

16-4-25

Location

Loc Qty

Loc Code

LG

4

144313

4

4

| LIST OF MATERIALS |             |             |             |             |                                                                           |                     |
|-------------------|-------------|-------------|-------------|-------------|---------------------------------------------------------------------------|---------------------|
| ITEM              | QTY<br>-041 | QTY<br>-045 | QTY<br>-047 | QTY<br>-049 | PART NUMBER                                                               | DESCRIPTION         |
| 1                 | X           |             |             |             | D2580-041                                                                 | SKIDTUBE ASSEMBLY   |
| 2                 |             | X           |             |             | D2580-045                                                                 | SKIDTUBE ASSEMBLY   |
| 3                 |             |             | X           |             | D2580-047                                                                 | SKIDTUBE ASSEMBLY   |
| 4                 |             |             |             | X           | D2580-049                                                                 | SKIDTUBE ASSEMBLY   |
| 20                | 1           | 1           | 1           | 1           | D2500-1-190                                                               | EXTRUSION           |
| 21                |             |             | 16          | 16          | D2570                                                                     | BUSHING             |
| 22                | 1           | 1           | 1           | 1           | D2576-3                                                                   | STEP                |
| 23                |             | 4           |             |             | D2579                                                                     | SPACER              |
| 24                | 16          | 16          | 8           | 8           | D2594-1                                                                   | PLUG                |
| 25                | 16          | 16          | 8           | 8           | D2594-3                                                                   | O-RING              |
| 26                | 1           | 1           | 1           | 1           | D2596                                                                     | 205 WEB             |
| 27                | 1           | 1           | 1           | 1           | D2855                                                                     | AFT CAP             |
| 28                | 1           | 1           |             |             | D3564-5                                                                   | WEARSHOE            |
| 29                | 1           | 1           |             |             | D3564-9                                                                   | WEARSHOE            |
| 30                | 1           | 1           |             |             | D3564-11                                                                  | WEARSHOE            |
| 31                | 1           | 1           |             |             | D3564-13                                                                  | WEARSHOE            |
| 32                | 2           | 2           |             |             | D3566-1                                                                   | GASKET              |
| 33                | 1           | 1           |             |             | D3566-5                                                                   | GASKET              |
| 34                | 1           | 1           |             |             | D3566-13                                                                  | GASKET              |
| 35                | 20          | 20          | 24          | 24          | D4202-1                                                                   | SPACER              |
| 36                |             |             | 1           |             | D4406-041                                                                 | WEARPLATE ASSEMBLY  |
| 37                |             |             | 1           |             | D4406-043                                                                 | WEARPLATE ASSEMBLY  |
| 37                |             |             |             | 1           | D5061-1                                                                   | FWD WEARPLATE       |
| 37                |             |             |             | 1           | D5061-3                                                                   | AFT WEARPLATE       |
| 50                | 50          | 50          |             |             | ALS7-1032-130<br>or AKS7-1032-130<br>or AKS4-1032-130<br>or AELS-1032-130 | INSERT              |
| 51                | 50          | 50          |             |             | AN3C4A                                                                    | BOLT                |
| 52                | 2           | 2           | 2           | 2           | AN3-5A                                                                    | BOLT                |
| 53                |             |             | 8           | 8           | AN4-45A                                                                   | BOLT                |
| 54                | 50          | 50          |             |             | NAS1149C0332R                                                             | WASHER (AN960C10L)  |
| 55                | 2           | 2           | 2           | 2           | NAS1149D0332J                                                             | WASHER (AN960JD10L) |
| 56                |             |             | 8           | 8           | MS21042-4                                                                 | NUT (OR MS21042L4)  |

#### GENERAL NOTES:

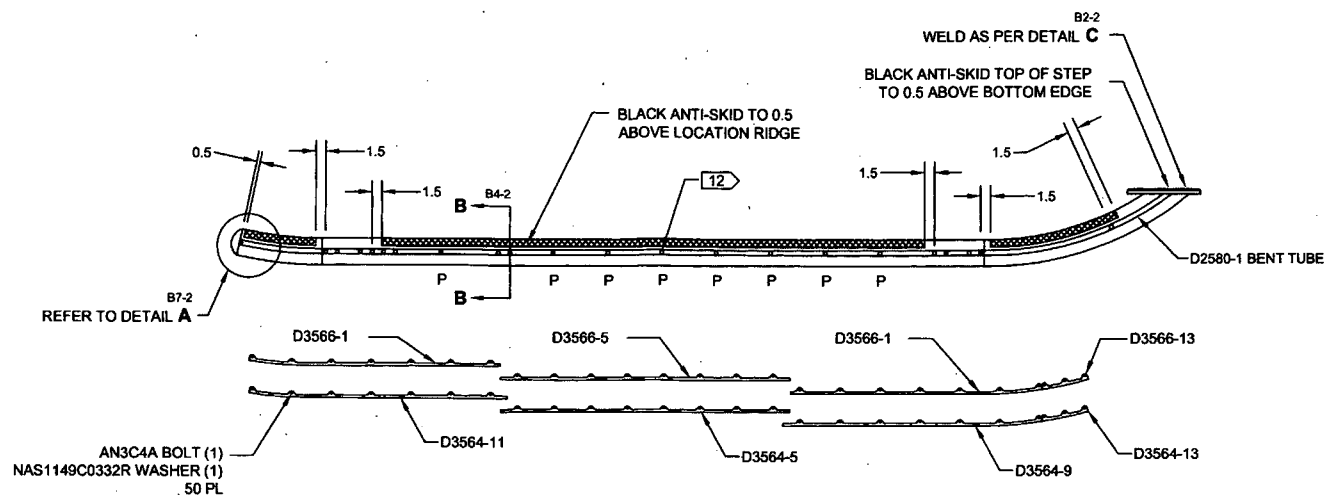
- MATERIAL: N/A
- FINISH: CHEMICAL CONVERSION PER DART QSI 005 4.1 PRIOR TO INSERTING D2596 WEB POWDER COAT ASSEMBLY (-041/-047/-049) GLOSS WHITE (REF 4.3.5.1) PER DART QSI 005 4.3 POWDER COAT ASSEMBLY (-045) GREEN SANDTEX (REF 4.3.5.8) PER DART QSI 005 4.3 BLACK ANTI-SKID PAINT AS INDICATED PER DART QSI 005 4.4.
- TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- UNITS: INCHES UNLESS OTHERWISE NOTED.
- BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- IDENTIFICATION: NONE
- WEIGHT: D2580-041 = 34.5 lbs  
D2580-045 = 34.5 lbs  
D2580-047 = 45.1 lbs  
D2580-049 = 32.0 lbs
- WELDING PER DART QSI 004.
- INSERT D2596 WEB TO LOCATION SHOWN OFF AFT END OF SKIDTUBE AND BOND WEB INTO OUTER TUBE WITH NON-STRUCTURAL SIKAFLEX-241 ADHESIVE PER DART QSI 015 BEFORE BENDING. ENSURE HOLES LINE-UP.
- BEND AS A SMOOTH RADIUS STARTING WITH A MAXIMUM CENTERLINE RADIUS OF 80 AND ENDING WITH A MINIMUM RADIUS OF 30. A MAXIMUM REDUCTION OF 0.200 IN DIAMETER IS ALLOWABLE IN THE BENT PORTION OF THE TUBE.
- USE DART DRILL TEMPLATE DT8217 & DT8937 ONLY FOR D2580-041/-045 TO LOCATE AND DRILL Ø0.287 HOLES FOR WEARSHOE INSERTS. INSTALL ALS7-1032-130 PER SECTIONS B-B AND F-F (50 PLACES) AFTER FINISH. INSTALL AN3C4A BOLTS AND NAS1149C0332R WASHERS WITH SIKAFLEX-241/-291.
- INSERT D2594-1 PLUG C/W D2594-3 O-RING IN HOLES MARKED 'P' (BOTH SIDES OF TUBE) AFTER FINISH (16 PLACES FOR D2580-041/-045 AND 8 PLACES FOR D2580-047/-049)
- IT IS ACCEPTABLE TO GRIND A RELIEF IN THE D2855 AFT CAP TO PREVENT INTERFERENCE WITH THE SPACER AT THIS LOCATION

20160420  
SA 144543

RELEASED  
2014-04-29

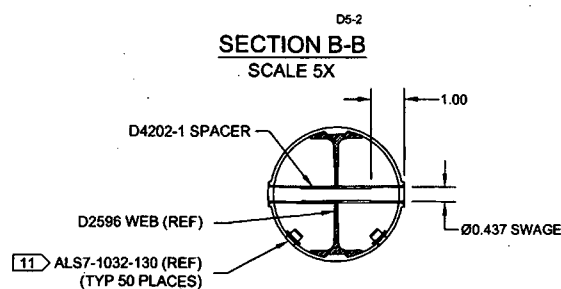
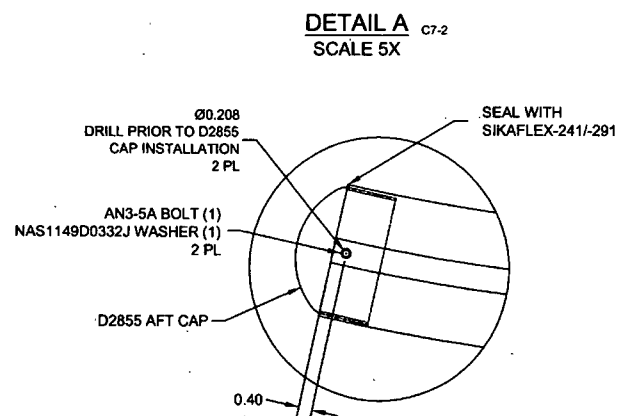
|            |                                                                                                                                                           |                                                                                                                                                                                                                                                                          |              |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| G          | ADDED -049, -047 WEIGHT UPDATED PER DSI 9598                                                                                                              | AJS                                                                                                                                                                                                                                                                      | 14.04.09     |
| F          | INCORPORATE DEO D2580-E-1 PER PAR12-218                                                                                                                   | DC                                                                                                                                                                                                                                                                       | 13.06.20     |
| E          | ADD D2580-047 (ZN C4-7) AND D2580-7 (ZN B3-8); INCLUDED DEO D2580-D-1; REFORMATTED DRAWING TO CURRENT STANDARDS; DT8217 & DT8937 WAS TD2577-205 (ZN C4-1) | RF                                                                                                                                                                                                                                                                       | 11.06.21     |
| D          | CHANGE TO SS WEARPLATES AND GASKETS, INCLUDE DEO 9124/ 9183                                                                                               | PH                                                                                                                                                                                                                                                                       | 07.04.05     |
| C          | REDRAWN, INCLUDED DEO 9094/ 9097                                                                                                                          | CP                                                                                                                                                                                                                                                                       | 98.08.26     |
| B          | AS MANUFACTURED                                                                                                                                           | DS                                                                                                                                                                                                                                                                       | 96.12.02     |
| A          | NEW ISSUE                                                                                                                                                 | DS                                                                                                                                                                                                                                                                       | 96.09.16     |
| REV.       | DESCRIPTION                                                                                                                                               | BY                                                                                                                                                                                                                                                                       | DATE         |
| DESIGN     | DS                                                                                                                                                        | DART AEROSPACE LTD<br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                        |              |
| DRAWN      | AJS                                                                                                                                                       |                                                                                                                                                                                                                                                                          |              |
| CHECKED    | A.P.                                                                                                                                                      | DRAWING NO.                                                                                                                                                                                                                                                              | REV. G       |
| MFG. APPR. | DS                                                                                                                                                        | D2580                                                                                                                                                                                                                                                                    | SHEET 1 OF 9 |
| APPROVED   | MA                                                                                                                                                        | TITLE                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | SA                                                                                                                                                        | 205 SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                    | NTS          |
| DATE       | 14.04.09                                                                                                                                                  | COPYRIGHT © 1996 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |



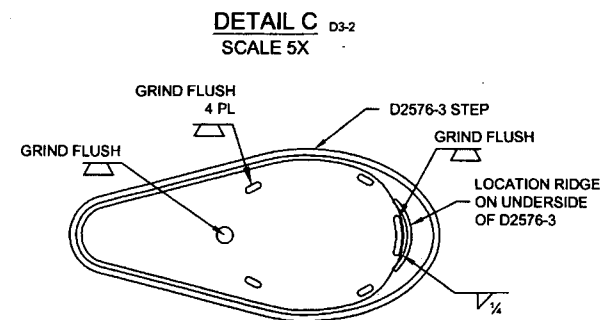


**D2580-041 ASSEMBLY DETAIL**

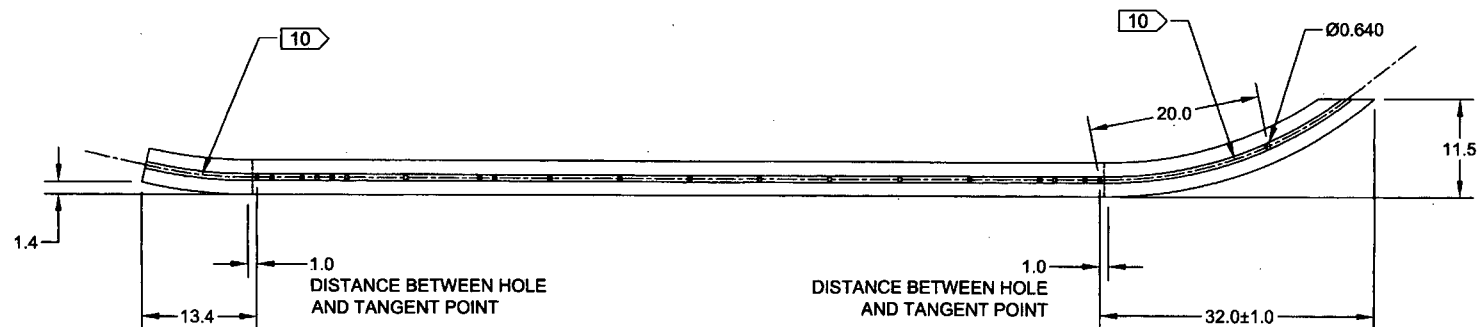
**RELEASED**  
2014-04-29



AFTER DRILLING AND BENDING ASSEMBLY  
PERFORM THE FOLLOWING FOR Ø0.508 HOLES ONLY:  
1. INSERT D4202-1 SPACER (20 PLACES)  
2. SWAGE TO Ø0.437 X 1.00 DEEP PER QSI 002  
3. TRIM / GRIND FLUSH PER QSI 002



|            |          |                                                                                                                                                                                                                                                                                          |              |
|------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | DS       | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                |              |
| DRAWN      | AJS      | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                              |              |
| CHECKED    | A.P.     | DRAWING NO.                                                                                                                                                                                                                                                                              | REV. G       |
| MFG. APPR. |          | D2580                                                                                                                                                                                                                                                                                    | SHEET 2 OF 9 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   |          | 205 SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                    | NTS          |
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D2580-1 BENT TUBE  
(MAKE FROM D2580-101 TUBE)

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2014-04-29

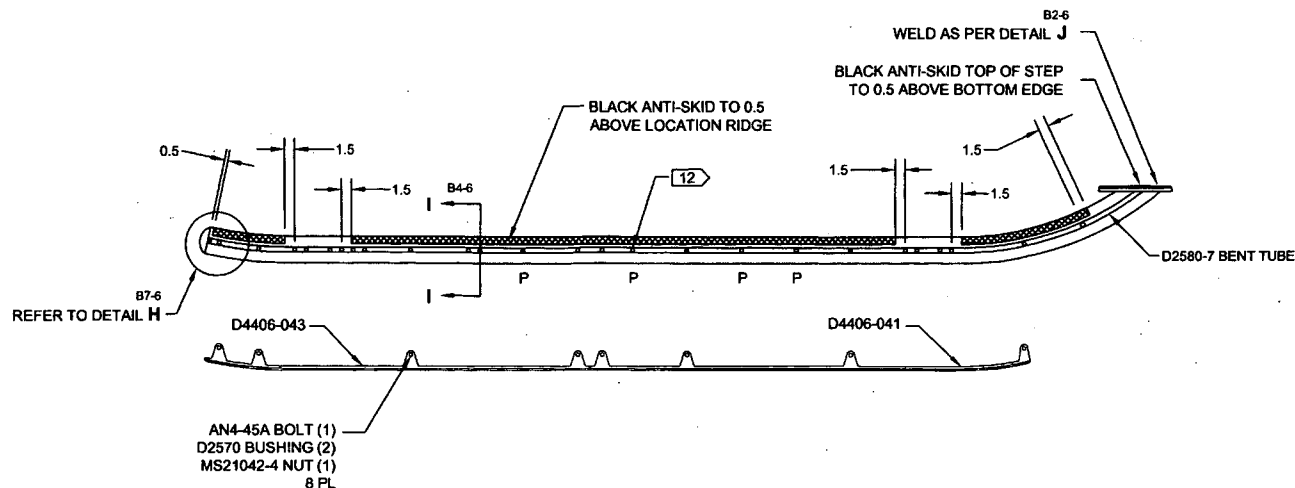
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|------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | DS                 | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                 |              |
| DRAWN      | AJS                |                                                                                                                                                                                                                                                                                          |              |
| CHECKED    | A.P.               | DRAWING NO.                                                                                                                                                                                                                                                                              | REV. G       |
| MFG. APPR. | <i>[Signature]</i> | D2580                                                                                                                                                                                                                                                                                    | SHEET 3 OF 9 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | <i>[Signature]</i> | 205 SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                    | NTS          |
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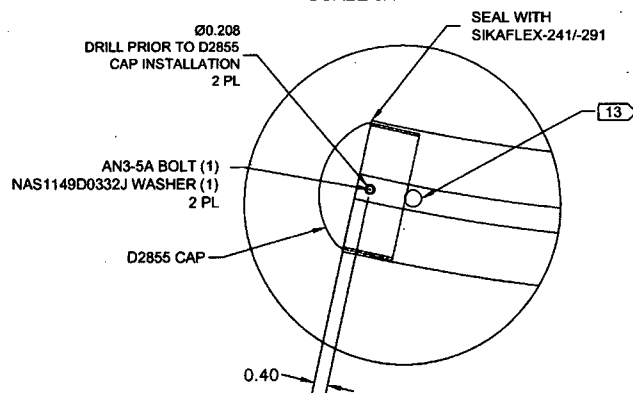
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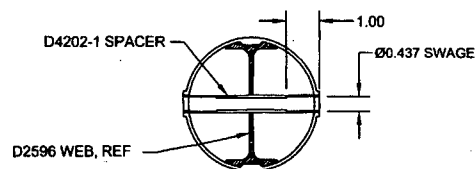
D2580-047 ASSEMBLY DETAIL

**RELEASED**  
2014-04-29

DETAIL H C6-6  
SCALE 5X



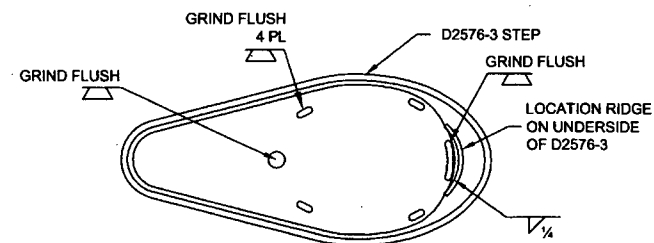
SECTION I-I D5-6  
SCALE 5X



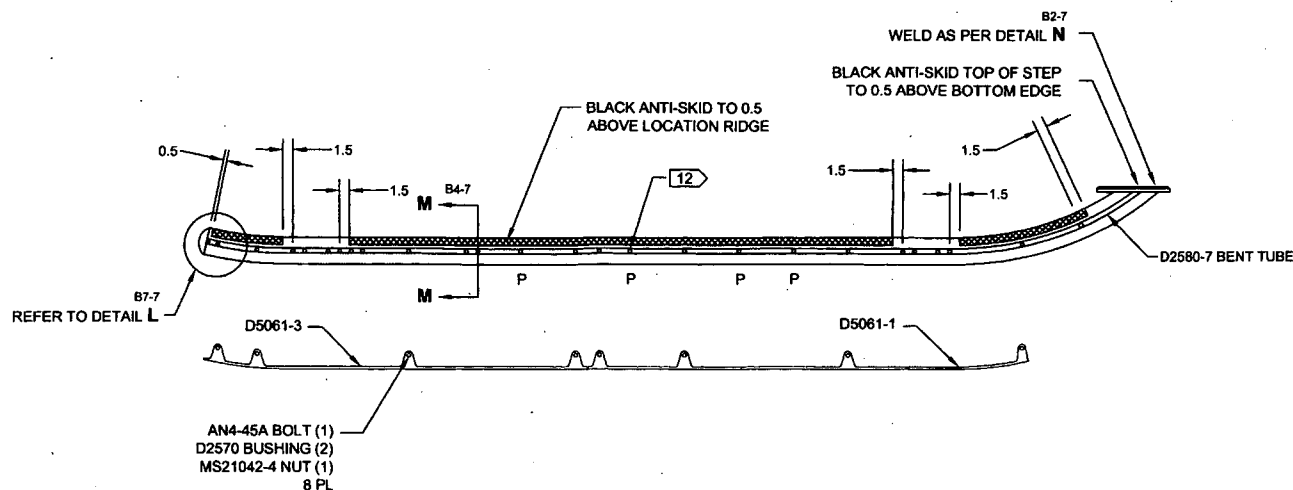
AFTER DRILLING AND BENDING ASSEMBLY  
PERFORM THE FOLLOWING FOR Ø0.508 HOLES ONLY:

1. INSERT D4202-1 SPACER (24 PLACES)
2. SWAGE TO Ø0.437 X 1.00 DEEP PER QSI 002
3. TRIM/GRIND FLUSH PER QSI 002

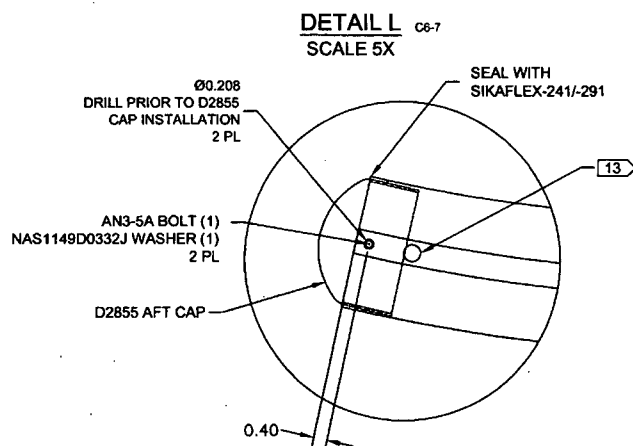
DETAIL J D3-6  
SCALE 5X



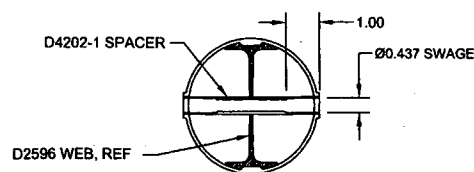
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|------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | DS       | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                        |              |
| DRAWN      | AJS      | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                      |              |
| CHECKED    | A.P.     | DRAWING NO.                                                                                                                                                                                                                                                                                      | REV. G       |
| MFG. APPR. | A.P.     | D2580                                                                                                                                                                                                                                                                                            | SHEET 6 OF 9 |
| APPROVED   | A.P.     | TITLE                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   | A.P.     | 205 SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                            | NTS          |
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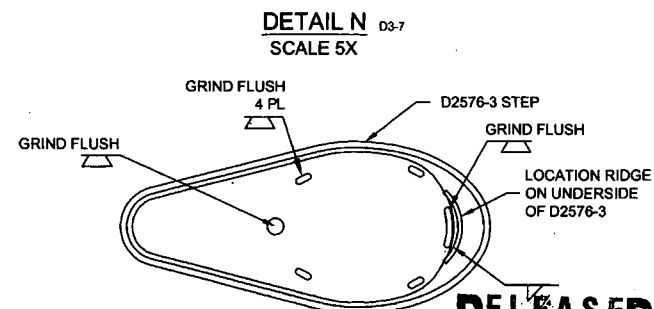
**D2580-049 ASSEMBLY DETAIL** G



**SECTION M-M** D5-7  
SCALE 5X

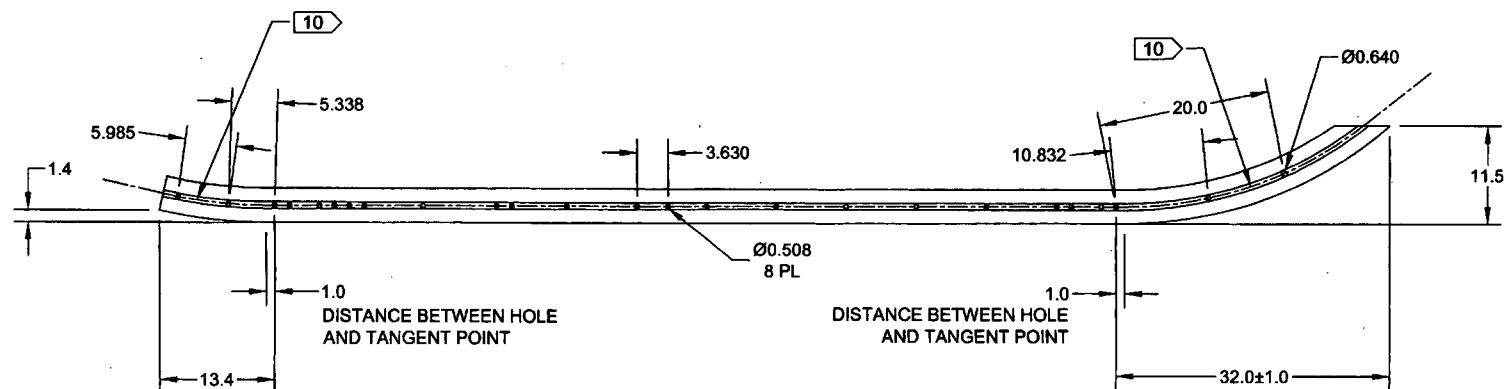


AFTER DRILLING AND BENDING ASSEMBLY  
PERFORM THE FOLLOWING FOR Ø0.508 HOLES ONLY:  
1. INSERT D4202-1 SPACER (24 PLACES)  
2. SWAGE TO Ø0.437 X 1.00 DEEP PER QSI 002  
3. TRIM/GRIND FLUSH PER QSI 002



**RELEASED**  
2014-04-29

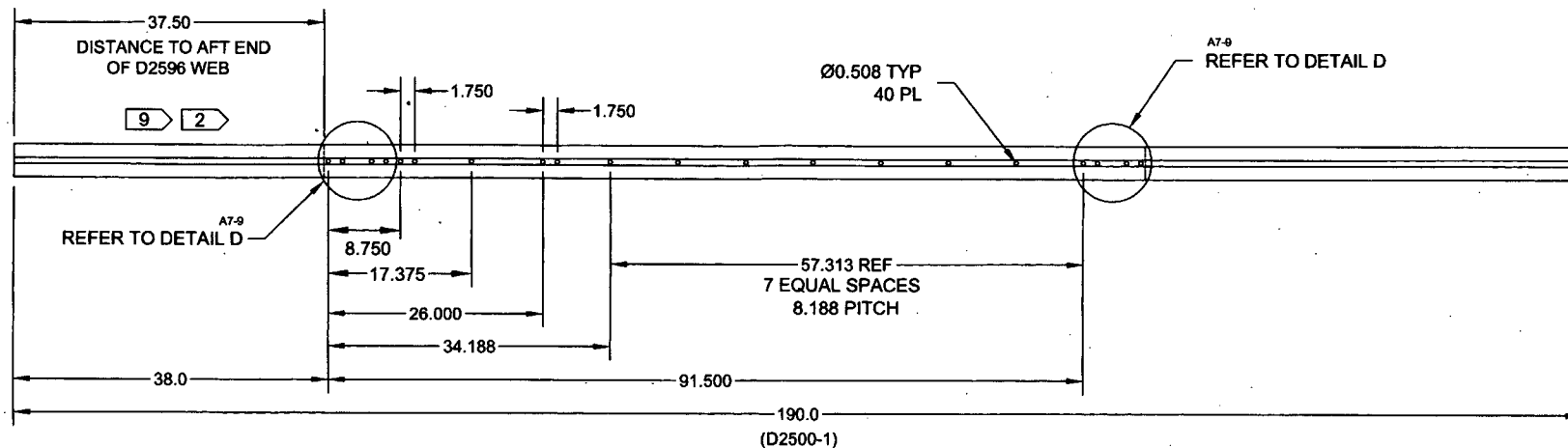
|            |                    |                                                                                                                                                                                                                                                                                         |              |
|------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | DS                 | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                               |              |
| DRAWN      | AJS                | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                             |              |
| CHECKED    | <i>A.P.</i>        | DRAWING NO.                                                                                                                                                                                                                                                                             | REV. G       |
| MFG. APPR. | <i>[Signature]</i> | D2580                                                                                                                                                                                                                                                                                   | SHEET 7 OF 9 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                   | SCALE        |
| DE APPR.   | <i>[Signature]</i> | 205 SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                   | NTS          |
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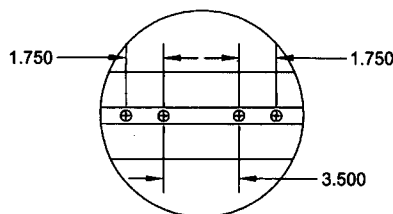
**D2580-7 BENT TUBE**  
(MAKE FROM D2580-101 TUBE)

**RELEASED**  
2014-04-29  
ND

|            |             |                                                                                                                                                                                                                                                                                          |              |
|------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | DS          | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                 |              |
| DRAWN      | AJS         |                                                                                                                                                                                                                                                                                          |              |
| CHECKED    | A.P.        | DRAWING NO.                                                                                                                                                                                                                                                                              | REV. G       |
| MFG. APPR. | [Signature] | D2580                                                                                                                                                                                                                                                                                    | SHEET 8 OF 9 |
| APPROVED   | [Signature] | TITLE                                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   | [Signature] | 205 SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                    | NTS          |
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D2580-101 TUBE



DETAIL D  
SCALE 5X

C3-9  
C7-9

**RELEASED**  
2014-04-29  
WMO

|            |                    |                                                                                                                                                                                                                                                                                         |              |
|------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | DS                 | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                |              |
| DRAWN      | AJS                |                                                                                                                                                                                                                                                                                         |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                             | REV. G       |
| MFG. APPR. | <i>[Signature]</i> | D2580                                                                                                                                                                                                                                                                                   | SHEET 8 OF 9 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                   | SCALE        |
| DE APPR.   | <i>[Signature]</i> | 205 SKIDTUBE ASSEMBLY                                                                                                                                                                                                                                                                   | NTS          |
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